



COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DYNAMIC IDENTIFICATION OF OTHER USERS TO AN ONLINE USER, the specification of which:

is attached hereto.

was filed on November 18, 2003 as Application Serial No. 10/715,211 and was amended on _____.

was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/488,749	July 22, 2003	Pending
60/488,376	July 21, 2003	Pending
60/488,388	July 21, 2003	Pending
60/428,263	November 22, 2002	Pending
60/428,262	November 22, 2002	Pending
60/427,947	November 21, 2002	Pending
60/426,806	November 18, 2002	Pending

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

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Combined Declaration and Power of Attorney
Page 2 of 3 Pages

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
country	application no.	filling date (mmmm d, yyyy)	[] Yes [] No
country	application no.	filling date (mmmm d, yyyy)	[] Yes [] No

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John F. Hayden, Reg. No. 37,640; Michael McKeon, Reg. No. 37,888; Linda Liu Kordziel, Reg. No. 39,732; William E. Booth, Reg. No. 28,933; Ruffin B. Cordell, Reg. No. 33,487; John W. Freeman, Reg. No. 29,066; Timothy A. French, Reg. No. 30,175; G. Roger Lee, Reg. No. 28,963; John B. Pegram, Reg. No. 25,198; Charles C. Winchester, Reg. No. 21,040; James E. Mrose, Reg. No. 33,264; Lauren A. Degnan, Reg. No. 40,584; Diana DiBerardino, Reg. No. 45,653; Brian J. Dorini, Reg. No. 43,594; W. Karl Renner, Reg. No. 41,265; Joseph F. Key, Reg. No. 44,827; Harold H. Fox, Reg. No. 41,498; Scott R. Boalick, Reg. No. 42,337; Joseph V. Colaianni, Jr., Reg. No. 39,948; Gregory A. Walters, Reg. No. 41,366; R. Whitney Winston, Reg. No. 44,432; Mark E. Wadrzyk, Reg. No. 45,187; Phyllis K. Kristal, Reg. No. 38,524; Benjamin D. Driscoll, Reg. No. 41,571; William G. Hughes, Jr., Reg. No. 46,112; Kevin E. Greene, Reg. No. 46,031; Thomas A. Rozylowicz, Reg. No. 50,620; James R. Bramson, Reg. No. 41,632; and Alexander Franco, Reg. No. 45,753.

Direct all telephone calls to W. KARL RENNER at telephone number (202) 783-5070.

Direct all correspondence to the following:

26171
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

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Page 3 of 3 Pages

Full Name of Inventor: **BARRY APPELMAN** 
Inventor's Signature: _____ Date: 12/17/03
Residence Address: McLean, VA
Citizenship: United States of America
Post Office Address: 1003 Crest Lane
McLean, VA 22101

Full Name of Inventor: **TERRY BUONVERI**

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: _____
Post Office Address: _____

Full Name of Inventor: **ANDREW ERICKSON**

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: United States of America
Post Office Address: _____

Full Name of Inventor: **TOM JARMOLOWSKI**

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: _____
Post Office Address: _____

Full Name of Inventor: **ROB WELTMAN**

Inventor's Signature: _____ Date: _____
Residence Address: _____
Citizenship: _____
Post Office Address: _____



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Full Name of Inventor: **Barry Appelman**

Inventor's Signature:

Residence Address:

Citizenship:

Post Office Address:

McLean, VA

United States of America

22000 AOL Way

Dulles, VA 20166

Date:

Combined Declaration and Power of Attorney
Page 3 of 3 Pages

Full Name of Inventor
(Deceased): Terry Christian Buonviri

Full Name of
Deceased Inventor's
Legal Representative: Joseph Paul Buonviri

Legal Representative's
Signature: 

Date: 4-1-04

Residence Address: Leesburg, VA
Citizenship: United States of America
Post Office Address: 43308 Crystal Lake Street
Leesburg, VA 20176

Full Name of Inventor: Andrew Ivar Erickson

Inventor's Signature: _____ Date: _____
Residence Address: Vienna, VA
Citizenship: United States of America
Post Office Address: 352 Ayrhill Avenue, NE
Vienna, VA 22180

Full Name of Inventor: Tom Jarmolowski

Inventor's Signature: _____ Date: _____
Residence Address: Framingham, MA
Citizenship: United States of America
Post Office Address: 744 Salem End Road
Framingham, MA 01702

Full Name of Inventor: Robert Eugene Weltman

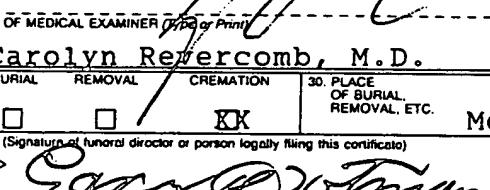
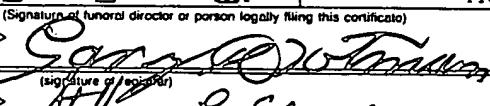
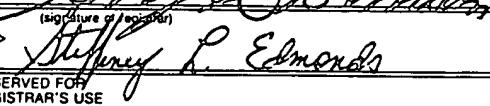
Inventor's Signature: _____ Date: _____
Residence Address: Los Altos, CA
Citizenship: United States of America
Post Office Address: 190 Lyell Street
Los Altos, CA 94022

CERTIFIED COPY OF DEATH RECORD
COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A
FOR DIVISION OF
VITAL RECORDS

REGISTRATION AREA NUMBER	CERTIFICATE NUMBER	MEDICAL EXAMINER'S CERTIFICATE	STATE FILE NUMBER
153	137		

DECEDENT	1. FULL NAME OF DECEDENT (first) (middle) (last) Terry Christian Buonviri				2. SEX	male <input type="checkbox"/> female <input checked="" type="checkbox"/> XX	
	3. DATE OF DEATH (mo.) (day) (year)	4. AGE	IF UNDER 1 YEAR months - days	IF UNDER 1 DAY hours - minutes	5. DATE OF BIRTH (mo.) (day) (year)	6. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	
March 11, 2002		41 years		May 24, 1960			
PLACE OF DEATH	7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state) NONE			DOA	Out Pat. Emerg. Inpatient	8. COUNTY OF DEATH (if independent city, leave blank) Loudoun	
	9. CITY OR TOWN OF DEATH Leesburg			inside city or town limits? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	10. STREET ADDRESS OR RT. NO. OF PLACE OF DEATH 43308 Crystal Lake Street	ZIP CODE	
USUAL RESIDENCE OF DECEDENT	11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE Virginia				12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank) Loudoun		
	13. CITY OR TOWN OF RESIDENCE Leesburg				inside city or town limits? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	14. STREET ADDRESS OR RT. NO. OF RESIDENCE 43308 Crystal Lake St.	ZIP CODE 20176
PERSONAL DATA OF DECEDENT	15. NAME OF DECEDENT'S FATHER Robert Dale Christian				16. MAIDEN NAME OF DECEDENT'S MOTHER Mildred Olson		
	17. RACE OF DECEDENT	18. OF HISPANIC ORIGIN? If yes, specify Cuban, Mexican, Puerto Rican, etc.	19. EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) <input type="checkbox"/> College (1-4 or 5+) <input checked="" type="checkbox"/> 4		20. CITIZEN OF WHAT COUNTRY U.S.A.	21. BIRTHPLACE (state or country) California	22. NEVER MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/>
24. SOCIAL SECURITY NUMBER 562-80-5883		25. USUAL OR LAST OCCUPATION Prog. Developer AOL	26. KIND OF BUSINESS OR INDUSTRY	27. INFORMANT OR SOURCE OF INFORMATION Joseph P. Buonviri			
CAUSE OF DEATH TO MEDICAL EXAMINER:	28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) HANGING Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST (B) (C)						
	INTERVAL BETWEEN ONSET AND DEATH						
MEDICAL CERTIFICATION Complete and sign medical certification (item 28) and give all 3 copies to funeral director as soon as possible after inquiry. NOTE: If "Pending" must be indicated, notify registrar of final decision as soon as possible.	28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> unknown XX						
	28c. IF EXTERNAL CAUSE, IT WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> TO CAUSE OF DEATH 28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED hung self by ligature						
FUNERAL DIRECTOR	28e. TIME OF INJURY (mo.) (day) (year) unknown A.M. 03/11/02	28f. INJURY OCCURRED while at work <input type="checkbox"/> not while at work <input checked="" type="checkbox"/>	28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.) home	28h. (city or town) Leesburg	(county) Loudoun	(state) VA	
	28i. I CERTIFY that I took charge of the remains described above, viewed the body, made inquiry and in my opinion death resulted of or about 9:00 (AM) (PM) from: NATURAL CAUSES <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> UNDETERMINED <input type="checkbox"/> PENDING <input type="checkbox"/>						
REGISTRAR	ACTUAL SIGNATURE 						
	DATE SIGNED: 3/19/02						
NAME OF MEDICAL EXAMINER (Type or Print) Carolyn Reverbom, M.D.							
ADDRESS OF MEDICAL EXAMINER 9797 Braddock Rd Fairfax, VA							
29. BURIAL REMOVAL CREMATION 30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory) (city or county) (state) <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> XX Metropolitan Crematory Alexandria, VA							
31. (Signature of funeral director or person legally filing this certificate)  NAME OF FUNERAL HOME AND ADDRESS Colonial Funeral Home of Leesburg Leesburg, VA 20176							
32. (Signature of registrar)  DATE RECORD FILED: 3/19/02 City/County of Loudoun Commonwealth of Virginia							
RESERVED FOR REGISTRAR'S USE							

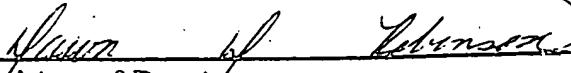
I attest this is a true copy of the original
Sworn to and subscribed before me this
day of **13 April 2004**
Witness my hand and official seal.

Notary Public

My Commission Expires December 31, 2007

This is to certify that this is a true and correct reproduction of the original record filed with the Loudoun County Health Department, Leesburg, Virginia.

Date Issued **4-3-2002**


Registrar of Deputy

(seal)

ANY REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY STATUTE.
DO NOT ACCEPT UNLESS IT BEARS THE IMPRESSED SEAL OF THE LOUDOUN COUNTY DEPARTMENT OF
HEALTH CLEARLY AFFIXED.

CERTIFICATE/LETTER OF QUALIFICATION

COMMONWEALTH OF VIRGINIA

VA. CODE §§ 6.1-70, 6.1-195.28, 6.1-208.3, 6.1-208.5, 13.1-428, 37.1-134.15, 64.1-122, 64.1-128

Loudoun County

Circuit Court

I, the duly qualified clerk/deputy clerk of this Court, CERTIFY that on

April 18, 2002

DATE

Joseph P. Buonviri

NAME(S) OF PERSON(S) QUALIFYING

....., duly qualified in this court, under applicable provisions of law, as

- executor of the estate of
- administrator of the estate of
- curator of the estate of
- guardian of
- conservator of the estate of
- committee of
- trustee of

Terry Christian Buonviri

The powers of the

NAME OF DECEASED, WARD OR INCAPACITATED PERSON

fiduciary(ies) named above continue in full force and effect.

\$80,000.00

..... has been posted.

Given under my hand and the seal of this Court on

April 18, 2002

I attest that this is a true copy
of the original ^{DATE}

City/County of Loudoun
Commonwealth of Virginia

Sworn to and subscribed before me this
day of April, 2004

Witness my hand and official seal.

Joseph P. Buonviri Notary Public

My Commission Expires

My Commission Expires December 31, 2007

Gary M. Clemens

Clerk

by William J. W., Deputy Clerk



COMBINED DECLARATION AND POWER OF ATTORNEY

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Full Name of Inventor: **Barry Appelman**

Inventor's Signature:

Date:

Residence Address:

McLean, VA

Citizenship:

United States of America

Post Office Address:

22000 AOL Way

Dulles, VA 20166

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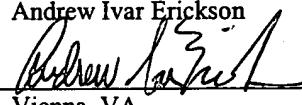
Full Name of Inventor
(Deceased): Terry Christian Buonviri

Full Name of
Deceased Inventor's
Legal Representative: Joseph Paul Buonviri

Legal Representative's
Signature: _____ Date: _____

Residence Address: Leesburg, VA
Citizenship: United States of America
Post Office Address: 43308 Crystal Lake Street
Leesburg, VA 20176

Full Name of Inventor: Andrew Ivar Erickson


Inventor's Signature: _____ Date: 9 February 2004
Residence Address: Vienna, VA
Citizenship: United States of America
Post Office Address: 352 Ayrhill Avenue, NE
Vienna, VA 22180

Full Name of Inventor: Tom Jarmolowski

Inventor's Signature: _____ Date: _____
Residence Address: Framingham, MA
Citizenship: United States of America
Post Office Address: 744 Salem End Road
Framingham, MA 01702

Full Name of Inventor: Robert Eugene Weltman

Inventor's Signature: _____ Date: _____
Residence Address: Los Altos, CA
Citizenship: United States of America
Post Office Address: 190 Lyell Street
Los Altos, CA 94022



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60/427,947	11/21/02	Pending
60/488,749	07/21/03	Pending

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information I know to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56(a) which became available between the filing date of the prior application and the national or PCT international filing date of this application:

U.S. Serial No.	Filing Date	Status
_____	_____	_____

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

Country	Application No.	Filing Date	Priority Claimed
_____	_____	_____	[] Yes [] No

Combined Declaration and Power of Attorney
Page 2 of 3 Pages

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

John F. Hayden, Reg. No. 37,640; W. Karl Renner, Reg. No. 41,265; Mark R. W. Bellermann, Reg. No. 47,419; Barbara A. Benoit, Reg. No. P-54,777; Scott R. Boalick, Reg. No. 42,337; Tina M. Chappell, Reg. No. P-54,025; Joseph V. Colaianni, Jr., Reg. No. 39,948; Ruffin B. Cordell, Reg. No. 33,487; Lauren A. Degnan, Reg. No. 40,584; Diana DiBerardino, Reg. No. 45,653; Brian J. Dorini, Reg. No. 43,594; Benjamin D. Driscoll, Reg. No. 41,571; Harold H. Fox, Reg. No. 41,498; Kevin E. Greene, Reg. No. 46,031; Charles F. Haisch, Reg. No. 47,627; Rolf G. Hille, Reg. No. 53,912; William G. Hughes, Jr., Reg. No. 46,112; Joseph F. Key, Reg. No. 44,827; Andrew R. Kopsidas, Reg. No. 42,759; Linda Liu Kordziel, Reg. No. 39,732; Phyllis K. Kristal, Reg. No. 38,524; Michael J. McKeon, Reg. No. 37,888; David C. McKone, Reg. No. 52,014; James E. Mrose, Reg. No. 33,264; Brian T. Racilla, Reg. No. P-54,382; Timothy W. Riffe, Reg. No. 43,881; Thomas A. Rozylowicz, Reg. No. 50,620; Wendy S. Vicente, Reg. No. 45,496; Mark E. Wadrzyk, Reg. No. 45,187; Gregory A. Walters, Reg. No. 41,366; James R. Bramson, Reg. No. 41,632; and Alexander Franco, Reg. No. 45,753

Direct all telephone calls to W. KARL RENNER at telephone number (202) 783-5070.

Direct all correspondence to the following:

26171
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: Barry Appelman

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Citizenship:

Post Office Address:

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United States of America

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Dulles, VA 20166

Date:

Combined Declaration and Power of Attorney
Page 3 of 3 Pages

Full Name of Inventor
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Full Name of
Deceased Inventor's
Legal Representative: Joseph Paul Buonviri

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Tom Jarmolowski

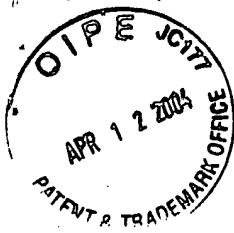
Inventor's Signature: *Thomas Jarmolowski* Date: 2/3/04

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Full Name of Inventor: Robert Eugene Weltman

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Los Altos, CA 94022



Attorney's Docket No.: 06975-455001
Client's Ref. No.:

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled DYNAMIC IDENTIFICATION OF OTHER USERS TO AN ONLINE USER, the specification of which:

is attached hereto.

was filed on November 18, 2003 as Application Serial No. 10/715,211 and was amended on

was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
60/488,388	07/21/03	Pending
60/428,263	11/22/02	Pending
60/428,262	11/22/02	Pending
60/427,947	11/21/02	Pending
60/488,749	07/21/03	Pending

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_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Combined Declaration and Power of Attorney
Page 3 of 3 Pages

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Full Name of Inventor: Robert Eugene Weltman

Inventor's Signature: Robert Eugene Weltman Date: 2/4/04

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